Melbourne Archdiocese Catholic Schools

CATHOLIC REGIONAL COLLEGE CAROLINE SPRINGS

SCHOOL FEE PAYMENT AGREEMENT

PARENT/ CARER / GUARDIAN DETAILS		
Names:		Debtor ID:
Address:		*(As shown on statement)*
Health Care Card Number	(if applicable)	

STUDENT NAME			
Name:		Year level in 2026	
Name:		Year level in 2026	
Name:		Year level in 2026	
Do you have a child attending another CRC Campus in 2026?		YES	NO
If YES	Name:	Year level in 2026	

PAYMENT INSTALMENTS – please select one option on the left and the preferred day/date on the right		
	Annually	Due by 31 March 2026 to receive a discount of $250 per student
	Quarterly	4 instalments due in February, May, August and November on the ☐ **1st** or ☐ **15th**
	Monthly	10 instalments due each month starting in February on the ☐ **1st** or ☐ **15th**
	Fortnightly	22 instalments starting in Feb in the☐ **1st week** or ☐ **2nd week** on ☐ **Thursday** or ☐ **Friday**
	Weekly	44 instalments starting in the 1st week of February on ☐ **Thursday** or ☐ **Friday**

All payment plans will start in February and complete by the end of November each year.

☐ Please tick this box if you wish to continue the payment plan through December and January.

PAYMENT METHODS – please select one option on the left and complete the details on the right					
	Direct Debit (savings account)	I/We hereby authorise CRC Caroline Springs to debit my/our bank account as per the selected payment options above.			
		Account Name:			
		BSB Number:		**Account Number:**	
	Direct Debit (credit card)	I hereby authorise CRC Caroline Springs to debit my credit card as per the selected payment options above.			
		Name on Card:			
		Card Number:			
		Expiry Date:	/	**CCV Number:**	
	BPAY	**Biller code:** 470963 **Reference number:** As shown on your statement.			
	Centrepay	Please contact the Finance Team via email accounts@crccs.vic.edu.au			
	Cash / EFTPOS	Available at the College Reception from 8 am to 4 pm			

Declaration

- I/We accept responsibility for ensuring sufficient funds are available in our nominated bank account to cover these payments when they are due.
- I/We understand that if there are insufficient funds to cover a payment and bank fees are incurred, we will be responsible for paying those charges.
- I/We acknowledge that we are severally liable for the annual fees and charges.
- I/We understand that this Payment Plan remains effective for the entire duration of the student(s)' enrolment at Catholic Regional College Caroline Springs.
- I/We acknowledge that instalment amounts will be adjusted at the start of each year to reflect any increases in fees and levies.

Parent Name:	**Parent Name:**
Signature:	Signature:
Date:	Date: